## AGREEMENT FORM FOR **POLITICAL CANDIDATE ADVERTISEMENTS**

(check applicable box)

## ☐ FEDERAL CANDIDATE ☐ STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

| Station and Location: |                     |               |            |  | Date:                                  |  |
|-----------------------|---------------------|---------------|------------|--|--|--|
| KRCR -                | TV REND             | Tills, CA     |            | 10/1   | 116                                    |  |
| PAM                   | GIACOM              | in i          |            | and participation greaters than being a proper and the control of the control of the control of the control of |  |  |
| peing/on beł          | nalf of:            | 155CF         |            |  |  |  |
| ı legally qua         | lified candidate    | of the        |            |  |  |  |
| oolitical part        | y for the office o  | of: SUPERI    | VISON DIST | Ricet 3 Sh   | YASTA COL                              |  |
|                       | ENTERMS             |               |            |  | ************************************** |  |
| election to b         | e held on:          | lov. 8,       | 2016       |  |  |  |
| do hereby re          | quest station tin   | ne as follows | <b>5</b> : |  |  |  |
|                       | Time of Day,        | Days          | Class      | Times per<br>Week  | Number of<br>Weeks                     |  |
| Broadcast<br>Length   | Rotation or Package |               |            |  |  |  |
|                       |                     | An            | ACN 50)    |  |  |  |
|                       |                     | An            | per 50)    |  |  |  |

I represent that the payment for the above described broadcast time has been furnished by:

## Committee to re-elect Pam Giacomini Supervisor Dist. #3 Shasta Co.

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

## Henry Giacomini

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

| 9-21-2016         | Lam Hiscomini.                 |                   |  |  |
|-------------------|--------------------------------|-------------------|--|--|
| Date              | Date Signature                 |                   |  |  |
| To Be Si          | gned By Station Representative |                   |  |  |
| <b>△</b> Accepted | ☐ Accepted in Part             | ☐ Rejected        |  |  |
| Harri Welcas      | Tem Wilrox                     | Account Executive |  |  |
| Signature         | Printed Name                   | Title             |  |  |